

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MBH	1117	18-14-01
FORMALITY REVIEW	H.T.		11/14/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Inadvisable
- (Through numeral)... Canceled A Appeal
+ Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	11/24/01
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If more than 150 claims or 10 actions
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